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EXECUTIVE OFFICE OF ELDER AFFAIRS
STATE LONG TERM CARE
OMBUDSMAN PROGRAM

A CONSUMER'S GUIDE TO NURSING AND REST HOMES

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ELDER Affairs

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This consumer work book has been developed by the Executive Office of Elder Affairs, Long Term Care Ombudsman Program.

The Executive Office of Elder Affairs recognizes the difficulty that consumers experience when seeking nursing and rest home placement and long term care services. This work book was developed to give the consumer a better understanding of long term care issues and to attempt to provide answers to most commonly asked questions and concerns.

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INTRODUCTION

The Executive Office of Elder Affairs (EOEA) has prepared this Consumer's Guide to Nursing Homes to assist you in your efforts to locate appropriate nursing or rest home placement.

The guide has been designed to aid you by answering the issues and concerns you face in your quest for long term care placement and includes information on selecting a home, financial considerations and resources. If after reading this guide you still have questions, call the Long Term Care Ombudsman Program at (617) 727-7750, or the appropriate local ombudsman program.

Entering a nursing home is a very stressful time for an elderly person and his family. It usually follows a period of hospitalization or many months of being cared for at home by family members. Admission to a nursing home, with some exception, is not a decision that is made months in advance.

The Executive Office of Elder Affairs operates many varied programs designed to assist elders to maintain their independence at home as long as possible. Whenever possible, these options should first be considered. (See Part II: Community Support Services)

This guide assumes that one has exhausted the many different community options available to keep the elder independent in his/her own home, and a decision has been made that nursing or rest home placement is now the best possible option.

It is important to note that any placement in a facility must be done with the elder's or guardian's consent. Nursing and rest homes will not accept a resident against his or her will. Therefore, it is essential to include the elder in the decision making and selection process. Many elders are specific as to the type of home that would make them feel the most comfortable. Comfort for the elder should be the primary concern.

As you begin to make inquires about availability of nursing or rest home placement, you will find that there is likely to be a wait. It is important to plan as far ahead as possible. Should there be a gap of time between the time placement is sought and found you may wish to consider supportive services.

We hope you will use this guide to be informed consumers of long term care services.

THE MASSACHUSETTS LONG TERM CARE OMBUDSMAN PROGRAM

The word Ombudsman is a title for an individual who receives and investigates complaints from the public regarding an institution and through various dispute resolution techniques, attempts to develop a cooperative resolution.

The Long Term Care Ombudsman Program was established in Massachusetts in 1973 as a program of the Executive Office of Elder Affairs for the benefit of the Commonwealth's 54,000 elderly residents of nursing and rest homes. The Program has four main goals:

1. The receipt, investigation and resolution of nursing and rest home complaints.

2. The protection of the rights of residents

3. The provision of information on Long Term Care Issues to residents, families and staff.

4. Advocacy for positive changes to the Long Term Care System which will have an impact on the quality of care, life and environment in all Massachusetts nursing and rest homes.

The services of the statewide Long Term Care Ombudsman Program are provided by a system of nearly three hundred workers, the majority of whom are trained, older volunteers, operating from twenty-seven designated local programs throughout the state. Ombudsmen make weekly visits to all nursing and rest homes and resolve residents' complaints as they develop.

Complaints that Ombudspeople address are very diverse. They range from patient care to quality of life issues such as a lack of transportation or meaningful activities. The philosophy of the Ombudsman Program is to attempt to resolve complaints whenever possible working in cooperation with the staff of the facilities. We are successful in more than 85% of the cases using this process. If the complaint can not be resolved locally, the State Ombudsman's Office becomes involved and if no resolution is reached at this level, the complaint is referred to a variety of state and federal agencies having jurisdiction over the type of complaint.

Ombudsman Programs are a valuable resource to people seeking a nursing or rest home placement, as well as when the elder is admitted to a facility. There is a list of Ombudsman Programs in the appendices. If you have a question or a problem they are there to help.

PART I: BEGINNING THE PROCESS OF SELECTING A NURSING OR REST HOME

In order to achieve the best possible placement for an elder in a nursing or a rest home, there are several critical elements which must be completed:

[ ] Determining the Need for Nursing or Rest Home Care: Considering all the Options

[ ] Screening to Set a Level of Care for Services the Elder Requires

[ ] Establishing a Method of Payment

[ ] Applying for Assistance When Necessary

[ ] Protecting the Elder from Medicaid Discrimination

[ ] Reviewing Admissions Agreements

[ ] Touring Facilities to Ensure Quality of Care and a Comfortable Environment for the Elder

[ ] Supporting the Resident of the Facility Once Placement Occurs

This Guide will assist you in each area. As you complete each step you should check it off to ensure your efforts stay on course. If you have any questions you should contact the Ombudsman Program or the other resources listed in this guide.

DETERMINING THE NEED FOR NURSING AND REST HOME CARE

The decision to seek nursing or rest home placement is of great importance for the elder needing care and his family. Most families care for their relatives for as long as possible. However, at some point, the physical, emotional, and social demands may increase so that nursing or rest home care may be the only viable option.

Three common considerations are (1) whether the elder can remain living alone with supportive services, (2) the availability of alternative housing situations such as congregate housing and, (3) whether the elder should be placed in a nursing or rest home. If the decision for placement is made, some further factors to be considered are: expenses both now and in the future; convenience of location for family and friends; location of physician, shopping facilities, places of worship, and social activities.

Many nursing home residents suffer from degenerative diseases. These include Parkinson's Disease, Alzheimer's Disease, Arthritis, and Dementia. Often the individual has had progressive deterioration in his or her mental status or physical status. Most nursing home residents need assistance with their Activities of Daily Living. Often called ADL's, these activities include the routine tasks we perform every day such as bathing, dressing, eating, brushing teeth and going to the bathroom. Some residents just need to be supervised, that is, encouraged or prompted to do their ADL's, while other residents require assistance with every need. Incontinence is another factor that contributes to nursing home placement.

RESOURCES AVAILABLE TO PROVIDE ASSISTANCE IN DETERMINING THE NEED FOR LONG TERM CARE AND SETTING A LEVEL OF CARE:

1. The Department of Public Welfare's Long Term Care Connection Program is designed to assist elders and their families in determining the best setting for long term care. The Long Term Care Connection Program certifies the level of care for both private and Medicaid applicants.* (See Appendix for appropriate program).

2. The Executive Office of Elder Affairs Long Term Care Ombudsman Program provides information and referral assistance. The telephone number is (617) 727-7750 or toll free 1-800-882-2003. See Part III, Appendix A for local Ombudsman Programs.

3. If the person needing nursing home placement is currently in the hospital, it is important to contact the discharge planning unit as they will be able to provide assistance.

4. Local Ombudsman Programs, Councils on Aging, Homecare Corporations, and Social Service Agencies are helpful resources for information.

*Screening is done at the Home Care Corporations for the Minuteman, Montachusett, and Mystic Valley areas. See listing in Appendix A for geographic areas covered by these Home Care

SEVERAL TYPES OF ILLNESSES MAY NECESSITATE A NURSING OR REST HOME PLACEMENT:

In this section we describe some of the most common illnesses which residents of nursing and rest homes may have. There are many other diseases or conditions which result in an elder needing a nursing or rest home placement. Sometimes, there is no specific disease, but the elder is very frail and unable to care for him or herself.

Parkinson's Disease - is a nervous disorder with three major symptoms - tremor, rigidity and Bradykenesia (slow deliberate movements). The cause of Parkinson's Disease is not known. The disease is seen mainly in the elderly. One percent of the population over age 50 has the disease. More than half of those afflicted are over 70 years of age.

Alzheimer's Disease - is a disease of the nervous system which affects people, sometimes as early as forty or fifty years of age. Symptoms may start with simple forgetting or wandering and eventually lead to debilitation and death. Diagnosis is made on autopsy where senile plaques and neurofibrillary tangles are found in the brain. However, certain patterns of behavior or care needs may be strong indicators of the presence of the disease. Among these indicators are disorientation, confusion, memory loss, and altered sleep patterns. Some nursing homes specialize in the care of Alzheimer's disease residents.

Dementia - is a term used when people have progressive loss of memory and intellectual function. Dementia is a set of symptoms which in the past had been viewed as a normal part of aging. It is not. Sometimes the condition may be reversed. Other diseases may mimic dementia such as thyroid problems or depression. These are both treatable diseases. Progressive, irreversible forms of Dementia include, Alzheimer's Dementia and multi-infarct Dementia. Alzheimer's Disease and Related Disorders Association (ADRDA) has family support groups to assist families, friends and victims of these diseases.

Stroke - involves injury of the brain due to blood clots or rupture of blood vessels. Most of us have seen people who have lost the use of one side of the body or an arm or leg. Stroke victims can also look quite normal but act in an odd manner. These peculiarities can take the form of simply forgetting to do things, not being able to add numers or write words, or doing things that are unlike their usual behavior. This disease is often termed multi-infarct disease and is the result of small blood clots forming in the brain and stopping circulation to small parts of the brain. Often the disease mimics dementia and is difficult to treat.

Diabetes - is an illness in which the body cannot absorb carbohydrates (sugars and starches) properly. There are two types of diabetes. The first requires the person to take an insulin injection every day. The second type of diabetes may be controlled by pill. Both types require special diets. Control of diabetes is important. Left untreated, diabetes has many complications, such as blindness, lack of sensation in the hands and feet, and kidney problems. Some indicators of diabetes may include the following: thirst, frequent urination, light headedness, sores which do not heal.

Heart Disease - is common among elderly nursing or rest home residents. There are several types of heart disease. Generally in the elderly, the pumping action of the heart slows down due to aging and the loss of muscle cells, especially after a heart attack. Other causes of heart disease include damage to the heart valves, or additional pressures on the heart due to high blood pressure. Many nursing home residents with heart disease need assistance with daily activities (ADL's) and constant monitoring of their cardiac and/or antihypertensive medications.

Pressure Sores - (Decubitus Ulcers) often referred to as "bed sores" are areas of deterioration on the skin surface. The causes are both external and internal. The elderly are more prone to pressure sores due to immobility from Arthritis and Degenerative Diseases, or because they are confined to bed due to Cardiac or Pulmonary Disease. Internal factors contributing to the formation of decubitus ulcers include poor circulation, poor nutritional status and dehydration.

Arthritis - is another degenerative disease which affects the joints and causes people to become extremely limited in their movement. Person's with advanced arthritis need assistance with ADL's as well as supervision during exercise therapy and management of pain control.

Incontinence - is the loss of bowel and/or bladder function. This can be due to several causes which include bladder infections, bowel surgery, use of diuretics (water pills), or loss of muscle strength. Various techniques are used to retrain the bladder and bowels These techniques include biofeedback, exercise programs, habit training and drug therapy.

LEVELS OF CARE

Levels of Care are guidelines, established by the Federal Government through the Department of Health and Human Services, which set standards for Medicare and Medicaid payments. These levels describe the medical, nursing, functional or therapeutic needs of the residents. The State Department of Public Health, which licenses nursing and rest homes sets three levels of care which determine staffing patterns, personnel qualifications and Medicare/Medicaid participation. It is essential to determine what level of care the elder needs prior to beginning your search. Oftentimes the availability of a bed and the type of home differs significantly from level to level. Additionally, if the elder is private paying it is crucial that he/she is properly placed in order to ensure a continued stay in the event he/she converts to Medicaid. It also makes good consumer sense to pay only for the care you need. A facility should not place an individual at the wrong level of care simply because there is a bed available.

When determining a level of care many people refer to the elder's ability to perform Activities of Daily Living. These include the things you do routinely every day, such as washing, bathing, dressing, going to the bathroom, eating and brushing teeth. Most nursing home residents need assistance in some of these areas; sometimes because of limitations due to disease, such as arthritis or Parkinson's Disease, and sometimes because they forget and have to be reminded to do what we do normally.

LEVEL II (SKILLED NURSING CARE)

Is provided in a Skilled Nursing Facility (SNF). In these nursing homes, the resident's needs tend to be complicated. The resident's general condition tends to be unstable, and requires close observation and care given by professional staff over a 24 hour period. Some skilled care is financed by Medicare; however, the majority must be covered by private funds or Medicaid. Some of these SNF's have rehabilitation programs which help people maintain their ability to function (as with Arthritis) or to readjust to limitations, as with stroke.

LEVEL III (INTERMEDIATE CARE)

Is provided in an Intermediate Care Facility (ICF). The level of care is not as intense or as specialized as that in level II. These nursing homes provide assistance with activities of daily living and routine nursing care, and occasionally provide the services of skilled therapists, such as physical therapists, occupational therapists etc. Nursing supervision by an R.N. or L.P.N. is required during the day and evening shifts. Level III is financed by Medicaid or private payments.

LEVEL IV (CUSTODIAL CARE)

Is provided in Rest Homes and/or retirement homes. These facilities are more residential than medically oriented. They provide protective supervision for the residents who may be forgetful, as well as, room, board, social activities, and limited social services.

CONTINUING CARE RETIREMENT COMMUNITIES

Description

Continuing Care Retirement Communities (CCRC's) combine housing specifically designed to accommodate the needs of people as they age, with long term care services, including skilled nursing home care. A variety of models are covered by this definition, but common to all CCRC's is the existence of a contract between the resident and the community which should clearly state all terms and agreements concerning health care, general services and financing.

Housing Services and Health Care Services

Generally, all CCRC's provide housing accommodations including independent living units, assisted living units and nursing home beds. General services include homemaking, transportation, meals, grounds and building maintenance. Health services can include personal care assistance, home health visits, health screening and promotion and nursing home care. The levels of services vary, from community to community, so be sure that the contract clearly states what is provided and at what level.

Financial Arrangements

Financial arrangements also differ from community to community. Some require substantial entrance and monthly fees and operate on a pre-paid insurance model. Other communities' entrance and monthly fees are lower, but require payment for services on a fee-for-service basis. The return on entrance fee also differs in each community, ranging from 100% return to those that amortize the return at the rate of 1% per month, leaving no return after several years.

FINANCING NURSING AND REST HOME CARE

Private rates for nursing home care can range from $75 to $150 a day or $27,000 to $55,000 a year. Always request that the facility submit a monthly itemized bill so you can verify that the services billed are the services for which there is an extra charge. These charges can add substantially to the bill.

If your relative has private insurance coverage, examine the policy carefully to determine under what conditions, and at what level, nursing home benefits are covered. A number of policies have adopted the same guidelines as Medicare which has very limited coverage. Your relative may also have custodial care nursing home benefits tied to a retirement or pension plan.

Although parts of the Medicare Catastrophic Coverage Act of 1988 have been repealed, provisions which seek to provide relief to the spouse in the community and prevent spousal impoverishment, were retained. The remaining law increases the income and assets limits allowed to the spouse in the community without affecting the Medicaid eligibility of the institutionalized spouse in the nursing home.

OVERVIEW OF PROGRAMS FOR PAYMENT OF LONG TERM CARE IN NURSING AND REST HOMES

PROGRAM	TYPES OF CARE COVERED
Medicare	Skilled Nursing Care in a facility certified by Medicare
Medicaid	Skilled Nursing Care (Level II), or Intermediate Care (Level III) in a facility certified for Medicaid
Supplemental Security Income (SSI)	Rest Home Care (Level IV)
General Relief (GR)	Rest Home Care (Level IV)
Medex	Supplements Medicare coverage in a Skilled Nursing Facility certified by Medicare or in any skilled (Level II) nursing facility contracting with Blue Cross/ Blue Shield of Massachusetts
Veteran's Services	Skilled Nursing Care (Level II), Intermediate Care (Level III), or Rest Home Care (Level IV)

PROGRAMS FOR PAYMENT OF LONG TERM CARE IN NURSING AND REST HOMES

PROGRAM: Medicare, Federal Health Insurance Program, administered by the Health Care Financing Administration.

TYPE OF CARE COVERED: Skilled Nursing Care in a facility certified by Medicare.

ELIGIBILITY REQUIREMENTS:

Certain disabled people and elders 65 and over who are eligible to receive Social Security benefits or Railroad Retirement benefits or a spouse or widow/widower of a person entitled to receive S.S. or R.R. benefits. Local Social Security Administration offices (Tel. # 800-234-5772) take applications for Medicare and assist beneficiaries in claiming Medicare payments. Review after placement to be performed by fiscal intermediary, an agent of Social Security Administration.

AUTHORIZATION OR APPROVALS REQUIRED:

Elder must have been hospitalized in an acute care hospital at least 3 days in a row (not counting day of discharge) before transfer to a participating skilled nursing facility.

Elder must be transferred to the skilled nursing facility for care for the condition that was treated in the hospital.

Elder must be admitted to the facility within 30 days after leaving the hospital.

Doctor must certify that elder needs daily skilled nursing or rehabilitative services.

HOW MUCH PROGRAM WILL PAY:

In each benefit period, Medicare pays for all covered services for the first 20 days at a pre-determined daily rate for a semi-private room. For the 21st day through the 100th day, Medicare pays for all covered services except for patient co-payment amount (in 1990, that is the first $74 per day). Medex insurance and Medicaid can help pay for the patient co-payment amount.

HOW LONG PROGRAM WILL PAY:

Up to 100 days for each benefit period, as defined above. A new benefit period is determined when the elder has not been in a skilled nursing facility for 60 consecutive days, and has been discharged again from an acute care hospital after at least a three (3) day stay.

PERSONAL NEEDS ALLOWANCE: None

CO-PAYMENT BY ELDER: Days 1 to 20 none; for days 21 to 100 co-payment is $74 per day in 1990.

PROGRAMS FOR PAYMENT OF LONG TERM CARE IN NURSING AND REST HOMES

PROGRAM: Medicaid, a need based program of Medical Assistance administered by the Department of Public Welfare.

TYPE OF CARE COVERED: Skilled Nursing Care (Level 2), or Intermediate care (Level 3).

ELIGIBILITY REQUIREMENTS:

Residence in Massachusetts, U.S. citizenship or legal alienage. Individuals must be age 65 or over, or blind or disabled. Assets must be under $2,000 for an individual. If married, the at home spouse may keep half of the couple's combined assets, a minimum of $12,516 and maximum of $62,580.

AUTHORIZATION OR APPROVALS REQUIRED:

Blind individuals apply for Medical Assistance at Massachusetts Commission for the Blind. All applicants should have their own Social Security Number. Aged and disabled apply for Medicaid benefits at a local Welfare Office or Long Term Care Payment Unit. All must be authorized by the Long Term Care Connection (or HCC where applicable*) for Long Term Care Services. Utilization of potential benefits from other sources and assignment of third party recoveries are also required.

HOW MUCH PROGRAM WILL PAY:

The total cost of Long Term Care Services at a pre-determined public rate set by the Rate Setting Commission, less the Elder's patient paid amount.

HOW LONG PROGRAM WILL PAY:

As long as the Elder continues to need Long Term Care Services and continues to be eligible for Medicaid.

PERSONAL NEEDS ALLOWANCE:

Yes, $72.80 per month, (PNA to be increased every July 1st by percentage rate of increase for Social Security). Personal laundry costs shall not be charged to PNA. Personal laundry costs are reimbursed through the daily rates established by Rate Setting Commission.

CO-PAYMENT BY ELDER:

Elder must pay the facility all monthly income over the $72.80 deduction for Personal Needs Allowance. If married, an allowance is made so that the at-home spouse can keep half of their monthly income, with a minimum of $815 per month (in 1990), up to a maximum of $1,500 per month.

*As of April 1989, Screening for Long Term Care Services is done at the Home Care Corporations for the Minuteman, Montachusett, and Mystic Valley areas. See listing in Appendices for Home Care Corporations covering these geographic areas.

PROGRAMS FOR PAYMENT OF LONG TERM CARE IN NURSING AND REST HOMES

PROGRAM: Supplemental Security Income (SSI), a federal financial assistance program administered by the Social Security Administration.

TYPE OF CARE COVERED: Rest Home Care (Level 4)

ELIGIBILITY REQUIREMENTS: For U.S. citizens and lawfully admitted aliens living in the U.S. Individual must be age 65, blind or disabled; have assets under $2,000, for an individual; under $3,000 for a married couple; and have a monthly income less than the SSI payment standards.

AUTHORIZATION OR APPROVALS REQUIRED: Individuals must apply for SSI at a local Social Security Office (Tel. # 800-234-5772) and must meet eligibility requirements for age and disability.*

HOW MUCH PROGRAM WILL PAY: Massachusetts S.S.I. payment standards effective January, 1989 for domiciliary care in a licensed Rest Home are: for aged and disabled individuals $557.58 per month; for aged and disabled married couples $542.08 per month per person. Blind individuals and couples in Rest Homes receive $535.74 per month per person.

HOW LONG PROGRAM WILL PAY: As long as the individuals continue to be eligible for benefits (based on age, disability, assets and income).

PERSONAL NEEDS ALLOWANCE: $79.84 per month

CO-PAYMENT BY ELDER: Elder must pay the facility all of monthly income over the $79.84 deduction for Personal Needs Allowance.

*S.S.I. individuals are automatically eligible for Medicaid to cover medical expenses. A separate Medicaid application is not necessary.

PROGRAMS FOR PAYMENT OF LONG TERM CARE IN NURSING AND REST HOMES

PROGRAM: General Relief (GR), a state financial assistance program administered by the Department of Public Welfare

TYPE OF CARE COVERED: Rest Home Care, (Level 4)

ELIGIBILITY REQUIREMENTS: When an individual who requires rest home care, but has too much income to be eligible for S.S.I., but does not have sufficient income to meet the cost of the rest home,he/she may receive General Relief to cover cost of rest home and Personal Needs Allowance. GR, also supplements SSI for individuals whose SSI income does not meet the cost of rest home care, up to the amount set by Rate Setting Commission for that rest home.

AUTHORIZATION OR APPROVALS REQUIRED: Individual must apply for GR at a local Welfare Service Office.

HOW MUCH PROGRAM WILL PAY: GR will be granted in an amount that when added to the individual's other income is sufficient to pay the rest home (at public pay rate set by RSC) and allow for retention of a personal needs allowance of $72.80 per month

HOW LONG WILL PROGRAM PAY: As long as the individual is eligible for benefits and continues to need rest home care.

PERSONAL NEEDS ALLOWANCE: $72.80 per month.
Under no circumstances shall personal laundry costs be charged to the PNA of a GR recipient residing in a rest home. (Personal laundry costs are covered through the daily rate set by Rate Setting Commission (RSC).

CO-PAYMENT BY ELDER: Individuals must pay all income over the amount of the personal needs allowance to the rest home.

*A GR recipient's income is not countable for purposes of Medicaid eligibility. If the individual meets the basic eligibility requirements for the Medicaid Program (i.e., aged and disabled) he or she is eligible for Medicaid regardless of his or her other income.

PROGRAMS FOR PAYMENT OF LONG TERM CARE IN NURSING AND REST HOMES

PROGRAM: Medex, a Medicare Supplemental Health Insurance program, administered by Blue Cross/Blue Shield

TYPE OF CARE COVERED: *Skilled Nursing Care in a Medicare certified facility.

ELIGIBILITY REQUIREMENTS: Medicare certified Individuals must subscribe to this plan and pay required premiums to BC/BS.

AUTHORIZATION OR APPROVALS REQUIRED: Doctor must certify elder needs daily skilled or rehabilitative services in a Medicare certified facility after a 3 day hospital admission.

HOW MUCH PROGRAM WILL PAY:

In a skilled nursing facility that participates with Medicare, Medex provides the patient co-payment (Part A coinsurance) amount of $74.00 per day for days 21 to 100 in a benefit period*, as long as the patient requires and receives the covered level of skilled nursing care.

Medex also provides $10.00 per day from 101st through 365th day in a benefit period, as long as Blue Cross determines that your stay continues to meet Medicare requirements.

(Medex also covers care in a skilled nursing facility that is not participating in Medicare but is participating with Blue Cross. Here Medex pays $8.00 daily for as long as the patient requires and receives a covered level of skilled nursing care, for 1 through 365 days. Custodial care is not covered. Check with the nursing home to determine if the home contracts with Blue Cross/Blue Shield).

HOW LONG PROGRAM WILL PAY: Full patient co-payment amount for days number 21 through 100 on admission to a skilled nursing facility for each benefit period; then, partial payment of $10.00 daily for 101st day to 365th day. (Patient must continue to need and receive a covered level of skilled nursing care).

PERSONAL NEEDS ALLOWANCE: None

CO-PAYMENT BY ELDER: None for days 1 through 100. For days 101 through 365, patient pays those charges over $10.00 per day.

* A benefit period is the period of time which starts on the first day (which is not part of a prior benefit period) on which you get covered services as an inpatient in a hospital, a skilled nursing facility. It ends once you have gone 60 days in a row without being an inpatient in a hospital or skilled nursing facility.

PROGRAMS FOR PAYMENT OF LONG TERM CARE IN NURSING AND REST HOMES

PROGRAM: Veteran Services, a state program of assistance for Veterans, their spouses and their dependents.

TYPE OF CARE COVERED: Skilled Nursing Care (Level 2) or Intermediate Nursing Care (Level 3), and Rest Home Care (Level 4).

ELIGIBILITY REQUIREMENTS: A Veteran (or spouse, or dependent) with honorable discharge, 90 days of service, one of which was in war time. Financial assets of $2,000 or less.

AUTHORIZATION OR APPROVALS REQUIRED: Veterans may apply for assistance with a Veteran Services Representative at city or town hall where they reside.

HOW MUCH PROGRAM WILL PAY:

Veterans must pay the facility all of their monthly income except $72.80 (Nursing Home) or $79.84 (Rest Home) for Personal Needs Allowance. Veterans services pays for the remaining cost of care up to the full daily rate as set by the Rate Setting Commission.

HOW LONG PROGRAM WILL PAY:

Veterans Services pay for cost of long term care for Veterans and or their dependents for as long as medical need and financial eligibility exist (Veterans have the option of applying for Veterans Services or Medicaid to cover the cost of care).

PERSONAL NEEDS ALLOWANCE: Veterans Services allows the same PNA of $72.80 as does Medicaid for level 2 or 3 care. This amount will increase as Medicaid PNA increases. A Veteran is allowed $79.84 per month in a level 4 facility.

CO-PAYMENT BY ELDER: Veteran must pay the facility all monthly income over the deduction for Personal Needs Allowance, either $72.80 for Nursing Home residents, or $79.84 for Rest Home residents.

*Veterans aided under the federal program of Veterans Administration, may be transferred from a V.A. Hospital to a long term care facility with a V.A. contract for 6 months care. After this period they may apply for Veterans Services or Medicaid to help pay for cost of care. Their V.A. pension will be reduced to $60.00 per month. However, the other income of the Veteran will remain the same. After 6 months, if financially eligible, the Veteran may apply for Veteran Services Benefits or Medicaid Services.

HOW TO APPLY FOR MEDICAID

Step I

To apply for Medicaid for nursing home care, you must apply at one of the Department of Public Welfare's Long Term Care Payment Units. There are five regional offices (listed below). You should contact the office nearest the elder's home and request that an application be mailed. If desired, a caseworker can come to your home to help fill out the application.

1. Gtr. Boston Long Term Care Unit
   529 Main Street
   Charlestown, MA 02129
   (617) 242-8855 or
   (617) 727-2337

2. Lawrence Long Term Care Unit
   11 Lawrence Street
   Lawrence, MA 01840
   1-800-332-5545 or
   (508) 689-2877

3. Springfield Long Term Care Unit
   310 State Street
   Springfield, MA 01105
   1-800-332-5545

4. Taunton Long Term Care Unit
   21A Spring Street
   Taunton, MA 02780
   1-800-242-1340

5. Worcester Long Term Care Unit
   405 Main Street
   Worcester, MA 01608
   1-800-321-2007

Step II

Once you fill out the application, you should return it for processing to the Long Term Care Payment Unit. A list of needed verifications is found in Appendix C. These verifications include written proofs of your residence, income, bank accounts and other assets.

Step III

Once the Medicaid application is filed with the Department of Public Welfare, they must act on it and give a decision on individual's eligibility within 30 days. Sometimes the individual may have trouble obtaining verifications, especially from an outside source, such as obtaining cash surrender value of an insurance policy. In such cases the family or individual can ask for an extension of the time limit for the application. It is also possible to be retroactively eligible for 3 months prior to the application date, if the individual's financial and medical conditions were the same or within the eligibility guidelines.

Step IV

Once the Medicaid application is filed and approved by the Department of Public Welfare Long Term Care Payment Unit, for payment of medical bills, a second step must be taken to have a determination that the particular service, namely, long term care in a nursing home is needed. This is done by filing medical records with the Long Term Care Connection (LTCC) Office. The listing of LTCC local offices is given in Appendix B. The screening process by the LTCC assures that patient is placed in the most appropriate level of care in a nursing home.

NURSING HOME ADMISSIONS AGREEMENTS

It is the elder who will be admitted to the nursing home that should sign the contract for admission unless the elder has a guardian/conservator or power of attorney. A family member is not legally obligated to pay for the elder's care. In some cases, facilities have attempted to require a family member to become the "responsible party" for a competent elder. This is not appropriate. Therefore, family members, other than a spouse, should be very careful before signing a contract.

The Administrator will probably give you a printed contract. You have a right to take a copy and look it over at home or with an attorney before signing it. You should be aware that standard contracts may not always be legal. Listed below are some illegal terms which we have found in contracts. There are others. Make certain to read the contract carefully and call an attorney or the Ombudsman Program if you have questions before the elder or you sign it.

1. You cannot be asked to pay for a specified length of time as a condition of admission.

2. It is improper to require you to waive your rights to Medicaid or to limit the facility's liability over personal possessions or well being.

3. You cannot be required to use a specific doctor or pharmacy.

4. The nursing home cannot solicit gifts from residents as a condition for admission or continued stay.

5. You cannot be asked to supplement the Medicaid rate if the elder is eligible for Medicaid.

You must decide whether to sign the contract as is, try to make changes in it, or go elsewhere. If you succeed in negotiating changes, you may draw a line through the words to which you object or add the words you want. Place your initials next to the changes and ask the facility representative to do the same. The facility should give you a copy of the signed agreement. The most commonly asked questions center around the following issues.

CHARGES:

Your admission contract should indicate what the daily room rate is and what services are covered by it. You should also receive from the facility a list of optional services and the charges for them.

NOTICE OF RATE CHANGES:

The facility must give you reasonable written notice of any room increases. This is usually defined as a month's notice.

TRANSFER:

You can be transferred from the facility, or transferred to another room in the facility against your will, only for these reasons:

1. Physician's orders
2. Your welfare or the welfare of other residents
3. Nonpayment of health care charges
4. or because you need a different level of care

Conversion to Medicaid is not "nonpayment" and you cannot be evicted from a certified facility for it. If you are in a private room the facility cannot transfer you to a different room because you convert to Medicaid. You may be moved from one room to another if the care you need cannot be provided in your current room. The facility must give you reasonable written notice of any room transfer and must assist the resident with the move.

If you have any questions regarding admission agreements please contact the Office of The Long Term Care Ombudsman at (617) 727-7750, your local Ombudsman Program or your local legal services project.

MEDICAID DISCRIMINATION

State law (M.G.L. Ch.151B, s.4) requires that a nursing home which is certified to provide services to persons eligible for Medicaid cannot discriminate. (Participation in the Medicaid Program is voluntary on the part of the facility). A nursing home cannot deny placement to an individual strictly because of their Medicaid status. This law also protects those persons who have been admitted as private paying or Medicare patients from being transferred should they become eligible for Medicaid at a later date, (providing the nursing home has a Medicaid contract).

Examples of discrimination may include the following statements:

- "We don't have any Medicaid beds."
  When in fact the facility has a Medicaid provider contract and all the beds are considered certified for Medicaid residents.

- "Our Medicaid quota is full".
  There is no such thing as a Medicaid quota. Nursing homes cannot designate a certain number of beds as Medicaid beds.

- "We are only admitting private paying patients at this time."

  Again if the home has a Medicaid provider contract they should be admitting in a sequential order without regard to payment source.

Currently legislation is under consideration by the Massachusetts legislature that would, if enacted, mandate that nursing homes adhere to waiting lists in their admissions policies.

If you feel that a nursing home may be discriminating against an individual based on payment source, contact the Long Term Care Ombudsman Program at (617) 727-7750 or (toll free) 1-800-882-2003.

Other resources available to provide assistance are the Sub-state Ombudsman Programs and the Elder Law Projects. See listings in Appendix A for local program nearest you.

ASSESSING NURSING AND REST HOMES

There are two types of admissions, short term and long term admissions. Those residents admitted for the short term, are usually transferred from an acute care facility and receive intensive rehabilitation therapy to restore lost function with the goal of returning to their own homes. Some other short term residents may receive hospice services for a terminal illness.

The majority of residents in nursing homes are admitted for the long-term admission. For these individuals, the nursing home is not merely a temporary residence, but a permanent home, perhaps for many years. Since this is so, deficiencies in medical or nursing care, or in housekeeping or dietary services, which could perhaps be tolerated during a brief hospital stay, are totally unacceptable when they are part of an individual's day to day existence over a long period of time.

Quality of life is closely related to quality of care for a long term nursing home resident. To insure quality of care, a comprehensive assessment of each resident must be conducted, focusing on physical, emotional, dietary, social and spiritual needs of the individual. Based on this assessment, a treatment plan is developed, with the resident participating in the development of the plan, to assure personal autonomy. Even such seemingly small choices as special foods, meal times, activities, clothing or times to rise and retire greatly enhance an individual's sense of personal control which leads to a sense of well-being.

Opportunities to engage in religious, political, civic, recreational or other social activities foster a sense of self worth. Privacy for visits with family and friends, for medical treatment, and for personal solitude, contribute to self esteem. Interaction with concerned caregivers should provide an intimate, supportive environment conducive to independence and mutual respect.

Goals of care for the long-term resident in the nursing home focus on maintenance of existing function, slowing the loss of function and alleviating discomfort and pain.

The needs of rest home residents differ from those in nursing homes in that they tend to be more self sufficient, less physically and mentally impaired. Rest homes do not provide organized, routine nursing services except as needed in the case of minor illness of a temporary nature. Nursing visits are made weekly in the rest home to assess the residents' general physical and psychosocial well-being and to monitor and educate residents about potential side effects of medications. The goal of care in the rest home setting is to keep the resident functioning at the highest level of independence achievable and to promote integration into the community.

Therefore, when you begin your search for a long term care bed, it is important to judge the opportunities for personal growth and choice for the elder as well as the care that is provided. Some facilities spend thousands of dollars on the appearance of the lobby and you never see a resident sitting there. The facilities should be comfortable for the people who live there. So instead of being impressed by the size of the chandelier, check out the activity space and dining area.

Staff attitude is critical to quality of life and care in a nursing or rest homes. If the staff is polite and knows the residents' needs, it adds tremendously to the residents' being comfortable. You can observe the interaction between residents and staff when you do your tour of the facility. Notice whether or not you hear the staff address the residents politely by name, such as "Yes, Mrs. Jones, may I help you?" Rather than "What do you want?"

When you visit you should try to notice the cleanliness of the facility and how it is set up for residents to maneuver, particularly if an elder is wheelchair bound. If the facility is very crowded, or the stairs are very steep, it will not encourage the elder to get out of his or her room and participate in activities.

When visiting a home, you may ask to see a copy of the facility's last inspection report. All nursing homes are inspected on a yearly basis by the Department of Public Health. If you have any questions, now is the time to ask them. If you do not get a satisfactory answer, it may be a sign to expand your search.

You will find a check list on page 27 to take with you when you visit a facility. If you visit more than two homes just make more columns or copy the list.

If you have any questions, call either the State or Local Ombudsman Programs. While we do not rate facilities we will help you sort out the information you have gathered and assist you in making the decision.

RESOURCES AVAILABLE TO PROVIDE ASSISTANCE

1. The Office of the Secretary of State Bookstore located on the first floor of the State House publishes a listing of nursing and rest homes. Their phone number is (617) 727-2834. The cost is $3.10 and arrangements can be made to order by phone.

2. The Women's Educational and Industrial Union publishes a Guide to Nursing and Rest Homes in Massachusetts. The guide provides pertinent information for all Massachusetts Nursing and Rest Homes. The price of the guide is $18.00 and can be purchased by contacting the Women's Educational and Industrial Union, Social Services Department, 356 Boylston Street, Boston, MA 02116, phone number (617) 536-5651.

3. The two industry associations, the Massachusetts Federation of Nursing Homes (617) 326-8467, or toll free 1-800-Care-for and the Association of Massachusetts Homes for the Aging, (617) 423-0710 are useful resources for information.

4. The Massachusetts Department of Public Health, Division of Health Care Quality can answer questions about the licensure and certification of any health care facility in Massachusetts. Contact the "Surveyor of the Day" at (617) 727-5860 or 1-800-462-5531 toll free.

B. AFTER PLACEMENT

ADJUSTING TO THE NURSING AND REST HOME

Entering a nursing or rest home may be a very frightening time for an elderly person. Unfortunately the stereotype of a nursing home is not a positive one. Elders fear the loss of freedom, isolation from family and being treated like a child. In a nursing or rest home, the activities, meals, and care routines are established based on the needs of all residents. Therefore, the opportunities for individual choices are limited. Just knowing and understanding these frustrations are important for family members.

The perspective resident should be involved in the selection of a nursing/rest home as this will ease the transition to a new environment. Once placed, residents will usually require a period of adjustment because they may be sharing rooms, bathrooms, waking and eating on schedules and following many new daily routines.

It is also important when selecting a nursing/rest home to consider the non-medical needs of a resident. The resident may benefit from supportive services such as activity therapy, resident counseling and resident councils. The activities programs should offer a variety from which the resident may choose. A balanced program will usually reflect this. The families should make the facility staff aware of any particular interests or hobbies that the elders may enjoy.

The Social Worker will assist in the adjustment process and in making sure that the resident's social needs are being met by providing counseling and general support. The Social Worker of the nursing or rest home also provides assistance in plans for discharge, admission to the hospital and coordination of resident's care needs.

The transition to a nursing or rest home can be eased by:

- Frequent visits by family and friends
- Family outings when medically permitted
- Providing the elder with comfortable, washable clothing with name tags sewn in.
- Providing the resident with a supply of writing paper and stamps.
- Arranging for subscriptions to newspapers and magazines to be delivered to the elder at the nursing or rest home.
- Encouraging the resident to participate in activities and in the Residents' Council.
- Providing personal items such as pictures, favorite pillows, or furniture (where permitted) of the resident to make the room as home-like as possible.

RESIDENTS' RIGHTS

Under Federal and State regulations, nursing and rest homes must assure residents of their basic rights. These rights include:

RULES & POLICIES

- At the time of admission each resident, or his/her next of kin/representative, shall be given a written copy of all the rules and policies of the nursing home/rest home.

- The resident, or his/her next of kin/representative, shall receive a written notification of subsequent changes in the rules and policies of the nursing home/rest home.

- A schedule of the exact amount charged for each services must be prepared by the nursing or rest home administrator and maintained on an up-to-date basis and provided to each resident on request.

- Under no circumstances shall a resident, other than a private paying resident, be charged for services not covered by the Social Security Act.

- Residents shall be permitted to examine bills and be provided with an explanation of any charges on them.

- Private paying residents must be allowed reasonable written notice of the intent of the nursing or rest home to increase per diem rates, and other services, prior to the effective date of the increase.

- The residents must be given reasonable notice of an intended involuntary transfer. This notice should allow for sufficient time to make the necessary arrangements for transfer to a new location.

- A nursing or rest home cannot interfere with the management of a resident's personal and financial affairs. In many homes the nursing home administration will require the residents to keep their money in a fund for safekeeping. Residents are free to withdraw any amount of money in such a fund at any reasonable time.

- The resident must be given a locked draw or another secured type of space and key for safekeeping of personal possessions.

- The nursing or rest home must provide at least one telephone for the residents' use, which may be coin operated, and is located so as to assure privacy during use.

ACCESS

- The nursing or rest home shall not interfere with a resident's right to communicate privately with anyone of his/her choice either inside or outside the nursing home, with the condition that such communication is not medically disapproved.

- A resident has the right to join any social or religious activity of his/her choice, unless it is medically prohibited, and so noted in the medical records.

- Under no circumstances is a resident's mail to be opened by the nursing home staff, unless such action is specifically provided for in his/her medical record.

- A resident has the right to speak to an Ombudsman and have his/her complaints addressed, free from retaliation.

DISCHARGE & TRANSFER

- A resident may not be transferred without his/her consent unless:

  a. a physician orders such transfer;
  b. reasons related to health and welfare are so indicated in the resident's medical records;
  c. for reasons of payment, except as prohibited by the Social Security Act;
  d. required by state or federal agencies (relating to the conditions and quality of care in the nursing or rest homes).

- If a nursing or rest home decides to discharge a resident, the resident and his family or next of kin must be given a written notification, with reasonable advance notice.

- If a nursing or rest home cannot provide the level of care required by the resident, it must give reasonable written notification and locate an appropriate facility which will accept the resident.

MEDICAL TREATMENT

- Residents must be assured of their privacy during a medical examination.

- A resident should be permitted to examine his/her medical or personal records, and authorize someone also to do so on his/her behalf.

- A resident may refuse treatment or drugs is he/she has a question or doubt about the potential benefit of the treatment.

- The right to be informed of medical diagnoses, treatment, and care, and to participate in planning the care.

- The right to be given the name of the physician responsible for the resident's care.

- The right to be free from chemical or physical restraints unless they are medically necessary and ordered by a physician.

- The right to have significant changes in the resident's health reported to the resident's next of kin.

- The right to adequate and appropriate care.

OTHER RIGHTS

- Residents shall not be required to perform any functions or services for the nursing or rest home which are not included in his/her plan of care.

- If it can be arranged, married residents shall be permitted to share a room, unless it is medically prohibited, in one or both of the resident's medical records.

If you need assistance or have any questions, please call the State Long Term Care Ombudsman Program at 1-800-882-2003 or the local Ombudsman Program where the facility is located. Please see the appendix for a lising.

C. NURSING AND REST HOME CHECKLIST

NURSING AND REST HOME CHECK LIST

Consideration of the following checklist should assist you in the selection of an appropriate nursing or rest home.

It is most important that you visit the nursing or rest home you are considering. Make an appointment to visit with the staff. Discuss with them any concerns. Try to visit at a meal time. Observe the activities at the facility. If you take someone along with you on the tour, it may improve your observations. Some of the items listed may not be relevant to your particular situation, and may be omitted. Also, raise additional questions.

	Nursing/Rest Home	
	Home #1	Home #2
Location		
Name	_____	_____
Is public transportation available?	__Yes __No	__Yes __No
Is the facility near a hospital?	__Yes __No	__Yes __No
Is the facility near family and friends?	__Yes __No	__Yes __No
Grounds		
Is it in a pleasant setting?	__Yes __No	__Yes __No
Is there a safe or secure area for residents to get fresh air?	__Yes __No	__Yes __No
Is there space for strolling?	__Yes __No	__Yes __No
Are there ramps to help handicapped?	__Yes __No	__Yes __No
Lobby		
Is the atmosphere welcoming?	__Yes __No	__Yes __No
Are there plants, flowers, or pictures?	__Yes __No	__Yes __No
Is it free from heavily scented sprays?	__Yes __No	__Yes __No
Are certificates and licenses displayed?	__Yes __No	__Yes __No

Hallways	Home #1		Home #2	
Are they well-lighted?	__Yes	__No	__Yes	__No
Are there hand-rails?	__Yes	__No	__Yes	__No
Are they large enough for wheelchairs to pass?	__Yes	__No	__Yes	__No
Are they color-coded for easily finding areas in a large facility?	__Yes	__No	__Yes	__No
Are exits clearly marked?	__Yes	__No	__Yes	__No
Is it generally clean?	__Yes	__No	__Yes	__No

Bedrooms				
Are the rooms cheerful and uncluttered?	__Yes	__No	__Yes	__No
Is care taken in selecting roommates?	__Yes	__No	__Yes	__No
How many beds are in a room?	_____		_____	
Are linens on beds clean?	__Yes	__No	__Yes	__No
Is there adequate clothes closet and drawer space?	__Yes	__No	__Yes	__No
Is there a locked drawer available in an accessible place?	__Yes	__No	__Yes	__No
Is there a call bell by each bed?	__Yes	__No	__Yes	__No
Is there fresh water by each bed?	__Yes	__No	__Yes	__No
Do doors or walls have residents' name plates?	__Yes	__No	__Yes	__No
Is there a reading light?	__Yes	__No	__Yes	__No
Can residents decorate their own rooms?	__Yes	__No	__Yes	__No
Can residents bring a reasonable amount of personal belongings?	__Yes	__No	__Yes	__No
Is there an easy chair?	__Yes	__No	__Yes	__No
Is there room for a wheelchair maneuver?	__Yes	__No	__Yes	__No
Are rooms ventilated?	__Yes	__No	__Yes	__No
Are rooms air conditioned?	__Yes	__No	__Yes	__No
Are residents permitted to pick up their rooms if they desire and the doctor permits it?	__Yes	__No	__Yes	__No
Do you smell urine?	__Yes	__No	__Yes	__No

	Home #1		Home #2	
Dining Room				
Is there a dining room?	__Yes	__No	__Yes	__No
Is it attractive and inviting?	__Yes	__No	__Yes	__No
Are there comfortable chairs and tables?	__Yes	__No	__Yes	__No
Is there enough room to move around?	__Yes	__No	__Yes	__No
Can wheelchairs be accommodated?	__Yes	__No	__Yes	__No
Is it free from unpleasant odors?	__Yes	__No	__Yes	__No
Do those needing assistance receive it?	__Yes	__No	__Yes	__No
Does the food appear and smell appetizing?	__Yes	__No	__Yes	__No
Are meals served at normal temperatures?	__Yes	__No	__Yes	__No
Are meals served at reasonable times?	__Yes	__No	__Yes	__No
Is the week's menu posted and followed?	__Yes	__No	__Yes	__No
Is there variety from meal to meal?	__Yes	__No	__Yes	__No
Are alternative choices available?	__Yes	__No	__Yes	__No
Does the dietitian plan special menus when needed?	__Yes	__No	__Yes	__No
Are guests allowed?	__Yes	__No	__Yes	__No
Are there snacks?	__Yes	__No	__Yes	__No
Is food delivered to bedrooms when necessary?	__Yes	__No	__Yes	__No
Are there 14 hours or less between evening meal and breakfast?	__Yes	__No	__Yes	__No
Toilet Facilities				
Are they convenient to bedrooms and the lounge?	__Yes	__No	__Yes	__No
Is it easy to use a wheelchair?	__Yes	__No	__Yes	__No
Is there a nurse call bell?	__Yes	__No	__Yes	__No
Are there hand grips near toilets?	__Yes	__No	__Yes	__No
Are there non-skid floors?	__Yes	__No	__Yes	__No
Is there toilet paper, soap & towels in bathroom?	__Yes	__No	__Yes	__No
Are there shower facilities?	__Yes	__No	__Yes	__No
Do bathtubs have automatic transfer seats?	__Yes	__No	__Yes	__No

	Home #1	Home #2
Activity Rooms and Activities		
Is there room for activities?	__Yes __No	__Yes __No
Are there activities on the weekend?	__Yes __No	__Yes __No
How many hours of activities a week are there?	_____	_____
Is there an activities director?	__Yes __No	__Yes __No
Are events and activities posted?	__Yes __No	__Yes __No
Are there group and individual activities?	__Yes __No	__Yes __No
Are residents encouraged but not forced to participate?	__Yes __No	__Yes __No
Are there trips away from facility?	__Yes __No	__Yes __No
Are there any volunteers?	__Yes __No	__Yes __No
Are materials available? Free?	__Yes __No	__Yes __No
Are residents using equipment?	__Yes __No	__Yes __No
Are there newspapers and magazines available?	__Yes __No	__Yes __No
Are radios and televisions available?	__Yes __No	__Yes __No
Is there library service?	__Yes __No	__Yes __No
Is there a recreational relationship with another home, school or agency?	__Yes __No	__Yes __No
Are there planned religious programs?	__Yes __No	__Yes __No
Is voting encouraged (absentee ballot)?	__Yes __No	__Yes __No
Are there barbers and beauticians available?	__Yes __No	__Yes __No

Medical/Nursing	Home #1	Home #2
Is there a medical director?	__Yes __No	__Yes __No
Are patients involved in their treatment planning?	__Yes __No	__Yes __No
Is a private physician allowed?	__Yes __No	__Yes __No
Does the staff physician examine?	__Yes __No	__Yes __No
Can medicine be purchased from a pharmacy other than the one the nursing home does business with?	__Yes __No	__Yes __No
Is there emergency equipment (oxygen, etc.)?	__Yes __No	__Yes __No
Does the nursing home have a contract with an ambulance service?	__Yes __No	__Yes __No
Does the nursing home have a transfer agreement with a local hospital?	__Yes __No	__Yes __No
Is next of kin notified immediately when/if resident's condition changes?	__Yes __No	__Yes __No
Are other medical services available (dentists, podiatrists, etc.)?	__Yes __No	__Yes __No
Are patients discharged to other levels of care when needed?	__Yes __No	__Yes __No
Does the home provide transportation to medical services if needed?	__Yes __No	__Yes __No
Is there restorative physical therapy?	__Yes __No	__Yes __No
Is there an isolation room and bath for patients with contagious diseases?	__Yes __No	__Yes __No

	Home #1		Home #2	
Residents Rights				
Personal Freedom				
Is required patient rights information posted throughout the facility?	__Yes	__No	__Yes	__No
Is there a program to help new residents adjust?	__Yes	__No	__Yes	__No
Are residents' family members involved?	__Yes	__No	__Yes	__No
Is there a social worker available to help residents and families?	__Yes	__No	__Yes	__No
Are there rooms for private visits from family, friends, attorney or social worker?	__Yes	__No	__Yes	__No
Is there a public telephone(s) that is equipped for the hearing impaired where privacy is guaranteed?	__Yes	__No	__Yes	__No
Are quarterly accountings provided to residents whose funds the facility manages?	__Yes	__No	__Yes	__No
Are statements of funds available to resident and family?	__Yes	__No	__Yes	__No
Can residents wear their own clothes?	__Yes	__No	__Yes	__No
Is there a residents' council?	__Yes	__No	__Yes	__No
Is there an established grievance committee?	__Yes	__No	__Yes	__No
Are there extensive visiting hours?	__Yes	__No	__Yes	__No
Are the hours posted?	__Yes	__No	__Yes	__No
What are times of rising and sleeping?	__R	__S	__R	__S
Is the admissions contract understandable and acceptable?	__Yes	__No	__Yes	__No
Are there extra charges for anything?	__Yes	__No	__Yes	__No
What things? _____ _____				

	Home #1	Home #2
Administrative		
Is it Medicaid certified?	__Yes __No	__Yes __No
Is it Medicare certified?	__Yes __No	__Yes __No
How many beds? #1 ____ #2 ____		
Is there a current license from the State Department of Public Health?	__Yes __No	__Yes __No
Does the nursing home belong to any professional association?	__Yes __No	__Yes __No
Is there a licensed administrator?	__Yes __No	__Yes __No
Are inspection reports available for review in the nursing home?	__Yes __No	__Yes __No
Does there seem to be enough nurses and aides to provide care?	__Yes __No	__Yes __No
Does the home use a lot of pool or temporary staff?	__Yes __No	__Yes __No
Attitudes and Atmosphere		
Is the general atmosphere warm and pleasant?	__Yes __No	__Yes __No
Does the staff show interest and affection for residents?	__Yes __No	__Yes __No
Is attention given to residents' grooming?	__Yes __No	__Yes __No
Are residents alert?	__Yes __No	__Yes __No
Is the staff courteous and respectful to residents?	__Yes __No	__Yes __No
Is the administrator courteous and helpful?	__Yes __No	__Yes __No
Does the administrator know the residents?	__Yes __No	__Yes __No
Is the administrator available to answer questions or complaints?	__Yes __No	__Yes __No
Does the staff respond quickly to patient calls?	__Yes __No	__Yes __No

PART II: COMMUNITY SUPPORT SERVICES

A. HOME CARE PROGRAM

The Home Care Program at the Executive Office of Elder Affairs offers comprehensive supportive services for older people (age 60 and over) who need assistance to remain in their own homes. These services often make it possible for an elder to recuperate at home upon discharge from a hospital. They can also prevent unnecessary long term nursing home placement by enabling an elder to continue living at home.

The Home Care Program operates state-wide through twenty-seven service areas. The Executive Office of Elder Affairs contracts with a non-profit agency in each area. Home Care Case Managers conduct in-home assessments of an elder's needs, determine eligibility for services, and develop and monitor service plans. Actual services are delivered by local provider agencies which contract with the Home Care Corporation.

Home Care Services are available to low income elders on a voluntary donation basis. Others receive services on a cost sharing basis.

The Home Care services that are available include:

HOMEMAKER: Light housework, shopping, laundry, and other tasks designed to help maintain household functioning.

PERSONAL CARE: Personal care service provides assistance to those who need help with bathing, dressing, grooming, using the bathroom, walking, transferring from bed to chair, and eating. Personal care is an extension of homemaker services and is targeted to those elders with diminished capacity for self-care.

CHORE: Light chore service, heavy chore services, and minor home repair designed to make the home more habitable and/or prevent environmental defects.

COMPANIONSHIP: Companionship and supervision for lonely, handicapped, or isolated elders.

EMERGENCY SHELTER: Temporary overnight shelter for an elder.

HOME DELIVERED MEALS: Well-balanced meals delivered to maintain optimal nutritional and health status.

PROTECTIVE SERVICES: Services which are necessary to prevent eliminate, or remedy the effects of abuse to an elderly person.

SOCIAL DAY CARE: An individualized program of social activity for elders who require daytime supervision.

TRANSPORTATION: Transportation to and from community facilities.

LAUNDRY: Service provided by a commercial laundry company designed to serve frail, homebound elders who have no other means of having laundry cleaned.

HOME HEALTH SERVICES:

Nursing Service, home health aide services and, under certain conditions, physical, occupational and speech therapy are available. These services may be arranged by Home Care Corporations and provided by Certified Home Health Agencies. This program serves those clients whose needs exceed the level of care provided by personal care service.

RESPITE CARE PROGRAM

The Respite Program provides temporary assistance to primary caregivers of frail elders who are trying to cope with the stresses and strains of providing on-going daily care. The primary goal of the Respite Care Program is to provide relief to the primary caregiver while ensuring contined quality of care for the frail elder through the use of Respite Services. Relief may be provided on a regular basis, or by a prearranged plan for special occasions, or, if possible, under emergency circumtances. The Respite Care Services that may be available to eligible frail elders and their primary caregivers on a cost sharing basis include: Homemaker Service, Companion, Personal Care, Home Health Aide, Social Day Care, Adult Day Health, Nursing Services, Adult Foster Care, and short-term institutional care.

For more information about all Home Care Services for frail elders, call the Executive Office of Elder Affairs toll-free hotline 1-800-882-2003 or the Home Care Corporation serving your area.

B. ADULT DAY HEALTH PROGRAM

The Adult Day Health Program administered by the Department of Public Welfare provides comprehensive health and social services in a structured day care setting for dependent adults (age 18 and over) who require skilled services and/or assistance with activities of daily living and who would otherwise be institutionalized.

The services provided in these settings include nursing services, restorative services, maintenance therapy, personal care services, nutrition services, counselling services, emergency services, transportation services, and individual and group activity programs.

Not only does the Adult Day Health program often prevent unnecessary long-term nursing home placement, it also provides timeoff for primary care givers of frail elders as a Respite Service under the state Home Care Program.

For more specific information about the Adult Day Health program, call the Department of Public Welfare (617) 348-5582.

C. COUNCILS ON AGING

Councils on Aging offer a variety of information, outreach, health, transportation, social and other services to seniors in the community. Their activities are offered in conjunction with state and regional programs to ensure that seniors and their families can achieve a vigorous sense of opportunity, independence, dignity and growth in later years. For information regarding these services, call city or town hall or the Council on Aging itself.

D. CERTIFIED HOME HEALTH AGENCIES

Certified Home Health Agencies which include the Visiting Nurses Association provide a wide range of professional health services to clients and families in the home. The basic services include: nursing, occupational therapy, physical therapy, speech therapy, medical social work, nutrition services and home health aide service. Specialty programs such as hospice care, intravenous therapy, maternal child health and respiratory care are also included. In general, clients need to be under a physician's care, have a medical condition which requires a skilled professional service and be homebound to receive covered services. For more information about these services, consult your physician or local telephone directory listing under "Home Health Services."

PART III: APPENDICES

APPENDIX A

OMBUDSMAN PROGRAMS, LEGAL SERVICES PROGRAMS, AND HOME CARE CORPORATIONS WITH GEOGRAPHIC SERVICE AREAS

OMBUDSMAN PROGRAM	LEGAL SERVICES PROGRAM	HOME CARE CORPORATION
Nursing Home Outreach Baypath Sr. Citizens Serv. P.O. Box 2625 Central Station Framingham, MA 01701 (508) 620-0840 Toll Free: (800) 448-0110	South Middlesex Legal Serv. Elder Law Project 354 Waverly Street Framingham, MA 01701 (508) 620-0770 (800) 521-1501	Baypath Sr. Citizens Serv. Inc. P.O. Box 2625 Central Station Framingham, MA 01701 (508) 620-0840 (800) 448-0110

Towns: Ashland, Dover, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Natick, Northborough, Sherborn, Southborough, Sudbury, Wayland, and Westborough.

Bristol County Ombudsman Prog. Attleboro Youth & Family Serv. P.O. Box 2037, 140 Park Street Attleboro, MA 02703 (508) 226-8874	Bristol Legal Elder Services 182 North Main Street Fall River, MA 02720 (508) 675-3700 (800) 462-4632	Bristol Elder Services, Inc. 182 North Main Street Fall River, MA 02720 (508) 675-2101

Towns: Attleboro, Berkley, Dighton, Fall River, Freetown, Mansfield, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, Somerset, Swansea, Taunton, and Westport.

City Mission Society of Boston Boston Area II Ombuds. Prog. 14 Beacon Street Boston, MA 02108 (617) 742-6830	Greater Boston Elderly Legal Services 102 Norway Street Boston, MA 02115 (617) 536-0400	Central Boston Elder Serv. Inc. 812 Huntington Avenue Boston, MA 02115 (617) 277-7416

Towns: Allston, Back Bay, Brighton, Fenway, Jamaica Plain, North Dorchester, Parker Hill, Roxbury, and South End.

OMBUDSMAN PROGRAM	LEGAL SERVICES PROGRAM	HOME CARE CORPORATION
Nursing Home Ombudsman Prog. Chelsea/Revere/Winthrop 300 Broadway P.O. Box 189 Revere, MA 02151 (617) 286-0550	Greater Boston Legal Serv. Elder Law Project 102 Norway Street Boston, MA 02115 (617) 536-0400	Chelsea/Revere/Winthrop Elder Services 300 Broadway P.O. Box 189 Revere, MA 02151 (617) 286-0550

Towns: Chelsea, Revere, Winthrop.

Coastline Elderly Services Ombudsman Program 106 Huttleston Avenue Fairhaven, MA 02719 (508) 999-6400	Southeastern Mass. Legal Assistance Corporation Senior Citizen's Law Proj. 21 South Sixth Street New Bedford, MA 02740 (508) 996-8576	Coastline Elderly Serv. Inc. 106 Huttleston Avenue Fairhaven, MA 02719 (508) 999-6400

Towns: Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford, and Rochester.

Worcester Area Nursing Home Ombudsman Program Age Center of Worcester 51 Harvard Street Worcester, MA 01609 (508) 755-4388	Senior Citizen's Law and Advocacy Project 332 Main Street Worcester, MA 01608 (508) 752-3718 or (800) 649-3718	Elder Home Care Services of Worcester Area, Inc. 1241 Main Street Worcester, MA 01603 (508) 756-1545

Towns: Auburn, Barre, Boylston, Grafton, Hardwick, Holden, Leicester, Millbury, New Braintree, Oakham, Paxton, Rutland, Shrewsbury, West Boylston, and Worcester.

OMBUDSMAN PROGRAM	LEGAL SERVICES PROGRAM	HOME CARE CORPORATION
Elder Serv. of Berkshire County Ombudsman Program 100 North Street Pittsfield, MA 01201 (413) 499-1353 Toll Free: (800) 292-5011	Western Mass. Legal Services. Elder Law Project 150 North Street, Suite 340 Pittsfield, MA 02120 (413) 499-1950	Elder Services of Berkshire 100 North Street Pittsfield, MA 01201 (413) 499-1353 (800) 292-5011

Towns: Adams, Alford, Becket, Chesire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, and Windsor.

Cape Cod & Islands Ombudsman Program 68 Route 134 South Dennis, MA 02660 (508) 394-4630 Toll Free: (800) 352-7178	Legal Serv. of Cape Cod & the Islands Elder Law Project 460 West Main Street Hyannis, MA 02601 (508) 771-7458 (800) 742-4107	Elder Services of Cape Cod & the Islands, Inc. 68 Route 134 South Dennis, MA 02660 (508) 394-4630 (800) 352-7178

Towns: Barnstable, Bourne, Brewster, Chatham, Chilmark, Dennis, Eastham, Edgartown, Falmouth, Gay Head, Harwich, Mashpee, Nantucket, Oak Bluffs, Orleans, Provincetown, Sandwich, Tisbury, Truro, Wellfleet, West Tisbury, and Yarmouth.

Elder Services of the Merrimack Valley Ombudsman Program Riverwalk, Building #5 360 Merrimack Street Lawrence, MA 01843 (508) 683-7747 Toll Free: (800) 892-0890	Merrimack Valley Legal Serv. Elder Law Project 13 Hurd Street Lowell, MA 01852 Lawrence (508) 687-1177 Lowell (508) 458-1465 Haverhill (508) 373-9176	Elder Services of the Merrimack Valley, Inc. Riverwalk, Building #5 360 Merrimack Street Lawrence, MA 01843 (508) 683-7747 (800) 892-0890

Towns: Amesbury, Andover, Billerica, Boxford, Chelmsford, Dracut, Dunstable, Georgetown, Goveland, Haverhill, Lawrence, Lowell, Merrimack, Methuen, Newbury, Newburyport, North Andover, Rowley, Salisbury, Tewksbury, Tyngsborough, Westford, And West Newbury.

OMBUDSMAN PROGRAM	LEGAL SERVICES PROGRAM	HOME CARE CORPORATION
Franklin County Ombudsman Program Western Mass. Legal Serv. Central Street Turners Falls, MA 01376 (413) 863-9565	Western Mass. Legal Serv. Elder Law Project 55 Federal Street Greenfield, MA 01301 (413) 774-3747	Franklin County Home Care Corp. Central Street Turner Falls, MA 01376 (413) 863-9565

Towns: Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Monroe, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Royalston, Shelburne, Shutesbury, Sunderland, Warwick, Wendell, and Whately.

Greater Lynn Sr. Services Nursing Home Ombudsman 8 Silsbee Street Lynn, MA 01901 (617) 599-0110	Neighborhood Legal Serv. Elder Law Project 31 Exchange Street Lynn, MA 01901 (508) 599-7730	Greater Lynn Senior Serv. Inc. 8 Silsbee Street Lynn, MA 01901 (617) 599-0110

Towns: Lynn, Lynnfield, Nahant, Saugus, and Swampscott.

Council of Churches of Greater Springfield 152 Summer Avenue Springfield, MA 01108 (413) 733-7038	Western Mass. Legal Serv. Elder Law Project 145 State Street Springfield, MA 01109 (413) 781-7814	Greater Springfield Senior Services, Inc. 66 Industry Avenue Springfield, MA 01104 (413) 781-8800

Towns: Agawam, Brimfield, East Longmeadow, Hampden, Springfield, Wales, West Springfield, and Wilbraham.

OMBUDSMAN PROGRAM	LEGAL SERVICES PROGRAM	HOME CARE CORPORATION
Health & Social Service Consortium (HESSCO) IGO Building Carpenter Street Foxborough, MA 02035 (617) 769-7440 (508) 543-2611	South Middlesex Legal Serv. Elder Law Project 354 Waverly Street Framingham, MA 01701 (508) 620-0770 (800) 521-1501	Health & Social Services Consorium, Inc. (HESSCO) IGO Building Foxborough, MA 02035 (617) 769-7440 (508) 543-2611 (800) 462-5221

Towns: Canton, Dedham, Foxborough, Medfield, Millis, Norfolk, Norwood, Plainville, Sharon, Walpole, Westwood, and Wrentham.

Highland Valley Elder Serv. Ombudsman Program 320 Riverside Drive Northampton, MA 01060 (413) 586-2000 (800) 322-0551	Western Mass Legal Serv. Elder Law Project 28 Centre Street Northampton, MA 01060 (413) 584-4034 (800) 222-4869	Highland Valley Elder Serv. Inc. 320 Riverside Drive Northampton, MA 01060 (413) 586-2000 (800) 322-0551

Towns: Amherst, Blandford, Chester, Chesterfield, Cummington, Easthampton, Goshen, Granville, Hadley, Hatfield, Huntington, Middlefield, Montogomery, Northampton, Pelham, Plainfield, Russell, Southampton, Southwick, Tolland, Westfield,, Westhampton, Williamsburg, and Worthington.

Nursing Home Ombudsman Program Holyoke/Chicopee/Regional Senior Services Corp. 198-210 High Street Holyoke, MA 01040 (413) 538-9020	Western Mass Legal Serv. Elder Law Project 57 Suffolk Street Holyoke, MA 01040 (413) 536-2420	Holyoke/Chicopee Regional Senior Services Corporation 198 High Street Holyoke, MA 01040 (413) 538-9020 Hot Line: (800) 462-2301

Towns: Belchertown, Chicopee, Granby, Holyoke, Ludlow, South Hadley, and Ware.

OMBUDSMAN PROGRAM	LEGAL SERVICES PROGRAM	HOME CARE CORPORATION
Minuteman Ombudsman Program Community Human Services 186 Bedford Street Lexington, MA 02173 (617) 861-0896	Senior Citizens' Law Proj. 264 Third Street Cambridge, MA 02141 (617) 492-5520 or (617) 935-6495	Minuteman Home Care Corp. 24 Third Avenue Burlington, MA 01803 (617) 272-7177

Towns: Acton, Arlington, Bedford, Boxborough, Burlington, Carlisle, Concord, Harvard, Lexington, Lincoln, Littleton, Maynard, Stow, Wilmington, Winchester, and Woburn.

Consumer Advocates for Better Care 26 Main Street Leominster, MA 01453 (508) 534-8558 (508) 534-0959	Senior Citizen's Law and Advocacy Project 332 Main Street Worcester, MA 01608 (508) 752-3718 or (800) 649-3718	Montachusett Home Care Corp. 545 Westminster Street Fitchburg, MA 01420 (508) 345-7312

Towns: Ashburnham, Ashby, Ayer, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hubbardston, Lancaster, Leominster, Lunenberg, Pepperell, Princeton, Shirley, Sterling, Templeton, Townsend, Westminster, and Winchendon.

Mystic Valley Elder Services Ombudsman Program 661 Main Street Malden, MA 02148 (617) 324-7705	Greater Boston Legal Serv. Elder Law Project 68 Essex Street Boston, MA 02111 (617) 357-5757	Mystic Valley Elder Services, Inc. 661 Main Street, Suite 110 Malden, MA 02148 (617) 324-7705

Towns: Everett, Malden, Medford, Melrose, North Reading, Reading, Stoneham, and Wakefield.

OMBUDSMAN PROGRAM	LEGAL SERVICES PROGRAM	HOME CARE CORPORATION
North Shore Ombudsman Prog. 152 Sylvan Street Danvers, MA 01923 (508) 750-4540	Neighborhood Legal Serv. Elder Law Project 31 Exchange Street Lynn, MA 01901 (508) 599-7730	North Shore Elder Services, Inc. 152 Sylvan Street Danvers, MA 01923 (508) 750-4540

Towns: Danvers, Marblehead, Middleton, Peabody, and Salem.

Old Colony Planning Council Ombudsman Program 70 School Street Brockton, MA 02401-4097 (508) 583-1833	Southeastern Mass. Legal Assistance Corporation 63 Main Street Suite 38 Brockton, MA 02401 (508) 997-9781 (800) 332-7766	Old Colony Planning Council 70 School Street Brockton, MA 02401 (508) 583-1833

Towns: Abington, Avon, Bridgewater, Brockton, Carver, Duxbury, East Bridgewater, Easton, Halifax, Hanover, Hanson, Kingston, Lakeville, Marshfield, Middleborough, Pembroke, Plymouth, Plympton, Rockland, Stoughton, Wareham, West Bridgewater, and Whitman.

Southwest Boston Sr. Services Boston Area I Ombudsman Prog. 23 Florence Street Roslindale, MA 02131 (617) 325-6565 (617) 325-6566	Greater Boston Elderly Legal Services 102 Norway Street Boston, MA 02115 (617) 536-0400	Southwest Boston Senior Services, Inc. 23 Florence Street Roslindale, MA 02131 (617) 325-6565 (617) 325-6566

Towns: Hyde Park, South Jamaica Plain, Roslindale, West Roxbury, and West Mattapan.

OMBUDSMAN PROGRAM	LEGAL SERVICES PROGRAM	HOME CARE CORPORATION
Senior Home Care Ombudsman Program 2 Main Street Gloucester, MA 01930 (508) 281-1750 or (508) 927-8307	Neighborhood Legal Services Elder Law Project 31 Exchange Street Lynn, MA 01901 (508) 599-7730	Senior Home Care Services, Inc. 2 Main Street Gloucester, MA 01930 (508) 281-1750

Towns: Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester, Rockport, Topsfield, and Wenham.

Southwest Boston Sr. Serv. Boston Area III Ombudsman Program 23 Florence Street Roslindale,, MA 02131 (617) 325-6565	Greater Boston Elderly Legal Services 102 Norway Street Boston, MA 02115 (617) 536-0400	Senior Home Care Services Boston III, Inc. 600 Washington Street P.O. Box 29 Boston, MA 02112 (617) 451-6400

Towns: Beacon Hill/West End, Charlestown, Chinatown, Columbia Point, Dorchester, East Boston, East Mattapan, North End, and South Boston.

Somerville Cambridge Elder Services, Inc. Long Term Care Ombudsman Prog. Davis Square Center P.O. Box 338 Somerville, MA 02144 (617) 628-2601 ext. 419	Cambridge/Somerville Legal Services 264 Third Street Cambridge, MA 02141 (617) 492-5520	Somerville/Cambridge Elder Services, Inc. Davis Square Center P.O. Box 338 Somerville, MA 02144 (617) 628-2601 ext. 419

Towns: Cambridge and Somerville

OMBUDSMAN PROGRAM	LEGAL SERVICES PROGRAM	HOME CARE CORPORATION
South Shore Elder Serv. Nursing Home Ombudsman Prog. 639 Granite Street Braintree, MA 02184 (617) 383-9790 (617) 749-6832	Greater Boston Legal Serv. Elder Law Project 102 Norway Street Quincy, MA 02169 (617) 472-3177	South Shore Elder Services, Inc. 639 Granite Street Braintree, MA 02184 (617) 749-6832 (617) 383-9790 (617) 848-3910

Towns: Braintree, Cohasset, Hingham, Holbrook, Hull, Milton, Norwell, Quincy, Randolph, Scituate, and Weymouth.

Valley Adult Counselling Ombudsman Program Hill Executive Office Park 115 Water Street Milford, MA 01757 (508) 478-0820	Senior Citizens' Law and Advocacy Project 332 Main Street Worcester, MA 01608 (508) 752-3718 or (800) 649-3718	Tri-Valley Elder Services, Inc. 284 Worcester Street Southbridge, MA 01550 (508) 764-2501 (800) 462-5225

Towns: Bellingham, Blackstone, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Franklin, Hopedale, Medway, Mendon, Milford, Milville, Northbridge, North Brookfield, Oxford, Southbridge, Spencer, Sturbridge, Sutton, Upton, Uxbridge, Warren, Webster, and West Brookfield.

West Suburban Nursing Home Outreach Jewish Family and Children's Service 637 Washington Street Brookline, MA 02146 (617) 566-5716	Boston College Legal Assistance Bureau Elder Law Project 24 Crescent Street Waltham, MA 02154 (617) 893-4793	West Suburban Elder Services, Inc. Parker Office Building 124 Watertown Street Watertown, MA 02172 (617) 926-4100

Towns: Belmont, Brookline, Needham, Newton, Waltham, Watertown, Wellesley, and Weston.

LONG TERM CARE CONNECTION PROGRAMS

The Department of Public Welfare's Long Term Care Connection Program is designed to assist elders and their families in determining the best setting for long term care. Social Worker and nurse teams evaluate an individual's care needs and functional status. The team evaluates the appropriateness of alternatives to nursing home care, but if nursing home care is required, the team can provide placement assistance. For more information or to request a screening, contact your local program office.

REGION: GREATER BOSTON

Boston Area
Long Term Care Connection
529 Main Street
Charlestown, MA 02129
(617) 242-8855

Cambridge/Somerville
Newton/Brookline
Long Term Care Connection
P.O. Box 271
Lancaster, MA 01523
(508) 368-8541

South Shore Area
Long Term Care Connection
1458 Hancock Street
Quincy, MA 02169
(617) 471-2600

REGION: SOUTHEASTERN

Norwood
Long Term Care Connection
P.O. Box 860
Norwood, MA 02062
(617) 762-6300

Fall River/New Bedford Areas
Plymouth County and Cape Cod
Long Term Care Connection
P.O. Box 790
Taunton, MA 02780
(508) 824-1383
1-800-535-5518

REGION: NORTH SHORE

Beverly Area
Long Term Care Connection
186 Cabot Street
Beverly, MA 01915
(508) 927-6616

Lawrence and Lowell Areas
Long Term Care Connection
Bay State Building
11 Lawrence Street
Lawrence, MA 01841
(508) 689-2877
1-800-322-1448

Lynn and Mystic Valley Area
Long Term Care Connection
One Washington Square
Lynn, MA 01901
(617) 599-0700

REGION: CENTRAL/WESTERN MASS

Berkshire County
Long Term Care Connection
P.O. Box 576
Pittsfield, MA 01201
(413) 499-3250

Framingham/Milford Area
Long Term Care Connection
Birchwood Business Park
Building A, 25 Birch Street
Milford, MA 01757
(508) 473-2710

Northampton Area
Long Term Care Connection
15 Straw Avenue
Northampton, MA 01060
(413) 586-3600
1-800-221-4662

Springfield Area
Long Term Care Connection
311 State Street
Springfield, MA 01105
(413) 781-0212
1-800-332-5545

Worcester County
Long Term Care Connection
Old Common Road
P.O. Box 271
Lancaster, MA 01523
(508) 368-8541

Medicaid Application for Disabled Adults and Persons 65 Years of Age or Older

For Agency Use Only	☐ Redet. ☐ Approved ☐ Denied
Date Received: _____	
Disposition Date: _____	Eligibility Date: _____
Local Office Number: _____	Category: _____
Worker: _____	CAN: _____

I. Client Information

Last Name	First Name	Middle Initial	Social Security Number

Street Address	City/Town	ZIP	Telephone Number
			( )

Mailing Address (If different)	Date of Birth	Sex
		M ☐ F ☐

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

What language do you speak and read most often?_____

Are you a citizen? ☐ Yes ☐ No Race (Optional):_____

You must provide proof of residence such as a rent receipt, mortgage statement, postal records, or other proof. You must also provide documents such as birth certificates, INS forms, or other proof showing date and place of birth for all persons who are applying. (If you have provided this information in the past, you do not have to give it to us again.)

II. Information About Your Spouse

Last Name	First Name	Middle Initial	Social Security Number

Address (If different from your address)	Telephone Number	Date of Birth
	( )	

Is your spouse applying for Medicaid? ☐ Yes ☐ No Is your spouse a citizen? ☐ Yes ☐ No

Are you or is your spouse a Veteran or Gold Star Mother? ☐ Yes ☐ No

III. Health Insurance

Complete the following information for all health insurance you and your spouse have.

	Name of Person Covered	Claim/Certificate Number	Effective Date
Medicare	You		
	Your Spouse		
Medex	You		
	Your Spouse		
Other Health Insurance			
	Name of Insurance Company	Policy Holder	Amount

You must send us copies of your health insurance cards.

IV. Third Party Liability

Are you requesting Medicaid because of an injury, disease, or disability that was caused by someone else or that may be covered by insurance other than health insurance? ☐ Yes ☐ No

V. Retroactive Medicaid

We may also be able to pay for medical services that you or your spouse received in the last three months.

Do you wish to apply for Medicaid for this time period? ☐ Yes ☐ No

If yes, what is the earliest date for which you need Medicaid?_____

VI. Assets

A. Bank Accounts

Complete for all checking, savings and NOW Accounts, credit union accounts, Individual Retirement Accounts (IRAs), Keogh Accounts, certificates of deposit, money market accounts, or any other bank accounts that you or your spouse have.

Name(s) on Account	Name and Address of Bank or Credit Union	Account Number	Account Type	Amount

You must send us copies of your passbook(s), statement(s) from the bank, or other proof showing the current balance, account number, and names on the accounts.

How much interest do these accounts earn?_____ How often?_____

B. Life Insurance

Fill in the information about all policies owned by you and your spouse.

Name of Insured Person	Name of Insurance Company	Policy Number	Face Value

You must send us copies of your policies, written statement(s) from the insuring company, or other proof giving the face value(s) and cash surrender value(s).

How much interest or dividends do you receive from these policies?_____ How often?_____

C. Trusts

Enter information about any trusts you or your spouse created, or for which you are trustees or beneficiaries.

Name of Trust	Grantor(s) and/or Trustee(s)	Beneficiary(ies)	Trust Principal	Trust Income	Type I=Irrevocable R=Revocable

You must send us copies of the trust documents and accounting or other documentation concerning the assets and income of the trust as of the date of this application.

How much income do you receive from these trusts?_____ How often?_____

D. Real Estate

Complete for all property you or your spouse own including your home. Also include partial ownership, time-sharing, vacation property, and vacant lots.

Name(s) on Ownership Papers	Description and Location	Equity Value

For all property other than your primary home you must give us copies of your most recent tax bill, or other proof of fair market value and current mortgage statements.

E. Motor Vehicles

Complete for all vehicles owned by you or your spouse including cars, vans, trucks, mobile homes, and boats.

Name of Owner	Year/Make/Model	Fair Market Value	Amount Owed

If you have more than one vehicle, you must give us your payment book or finance company statement, and a written statement from a licensed vehicle dealer, or other proof giving fair market value.

F. Other

Complete for all other assets you or your spouse own including savings bonds, stocks, mutual funds, safety deposit boxes, coins, stamps, cash not in bank, and prepaid funeral.

Name of Owner	Description and Location (include certificate or account number if appropriate)	Value	Income Produced	How Often?

You must give us proof of current value such as a quote from a stockbroker, daily paper, bank, or investment firm, or other proof.

G. Transferred Assets

Complete for any assets, including your home, that you have transferred, put in trust, sold or given away to anyone within the last 30 months.

Description of Asset	Date of Transfer	Transferred to	Relationship to you	Value Received

VII. Income

Fill in the information for any income from the following sources that you or your spouse receive.

	You		Your Spouse	
	Amount	How Often	Amount	How Often
Social Security or Railroad Retirement				
Veteran's Benefits (state or federal)				
Pension Type: _____				
Pension Type: _____				
Worker's Compensation/Unemployment Benefits				
Alimony or Support from Your Spouse				
Income from a Job				
Other Specify: _____				

You must send us copies of the award letters, checks, or other proof. For income from a job, you must send us copies of your last four pay stubs.

Check the appropriate box(es) if anyone else pays for your: ☐ Rent/Mortgage ☐ Heat ☐ Utilities ☐ Health Insurance

VIII. SSI/Disability

Have you or your spouse ever received SSI? ☐ Yes ☐ No If yes, when? _____

If yes, check off the block that best describes your living arrangement.

☐ Live in a licensed rest home ☐ Head of household or live with spouse
☐ Share expenses ☐ Live in someone else's home ☐ Other Specify: _____

If you are under 65, describe your disability: _____

IX. Resident of Medical Facility

If you are in a medical facility, complete the following.

_____ Name and Address of Medical Facility

_____ Date Admitted

Have you had an Asset Assessment completed? ☐ Yes ☐ No

If yes, when? _____ Where? _____

I certify under penalty of perjury that the information on this application is correct and complete to the best of my knowledge. I understand that this application will be used to determine my eligibility for Medicaid and that I must provide proof of this information.

_____ Signature of Client or Authorized Representative

_____ Date

_____ Signature of Spouse if Living in Home

_____ Date

_____ Name and Address of Authorized Representative

( ) _____ Telephone Number